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CONFIRMATION NO. 5659

SERIAL NUMBER 10/782,485	FILING DATE 02/19/2004 RULE	CLASS 378	GROUP ART UNIT 2882	ATTORNEY DOCKET NO. GEMS8081.211						
APPLICANTS Thomas L. Toth, Brookfield, WI; Steven J. Woloschek, Franklin, WI; Jonathan R. Schmidt, Wales, WI;										
** CONTINUING DATA ***** <i>None</i>										
** FOREIGN APPLICATIONS ***** <i>None</i>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/14/2004										
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____ </td> <td style="width: 10%; border: none; text-align: center;"> STATE OR COUNTRY WI </td> <td style="width: 10%; border: none; text-align: center;"> SHEETS DRAWING 6 </td> <td style="width: 10%; border: none; text-align: center;"> TOTAL CLAIMS 21 </td> <td style="width: 10%; border: none; text-align: center;"> INDEPENDENT CLAIMS 4 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY WI	SHEETS DRAWING 6	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4	
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ADDRESS Ziolkowski Patent Solutions Group, LLC 14135 North Cedarburg Road Mequon, WI 53097										
TITLE Method and apparatus to determine tube current modulation profile for radiographic imaging										
FILING FEE RECEIVED 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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